



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

2003 OCT 16 AM 8:41

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name RON WILKE FOR WESTFIELD TOWN COUNCIL	
2. Acronym or abbreviated name, if any	3. Committee telephone number (317) 582-0362
4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2939 CURRY W.	
5. City, state, ZIP code CARMEL, IN. 46033	6. Party affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname) RONALD EUGENE WILKE	8. Party affiliation or if independent REPUBLICAN
9. Office sought (Include district number, if any. Not required for exploratory committee.) WESTFIELD TOWN COUNCIL DISTRICT #1	10. County of residence HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Final / Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting period: From: 4-11-03 Through: 10-17-03		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1989.68	
14. Cash on hand and investments January 1, current year.			0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	1540.70	4615.70
15b. Unitemized		
15c. Add lines 15a, and 15b in both columns	1540.70	4615.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	3530.38	4615.70
	SUBTOTAL	
	TOTAL	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	2036.67	1085.32
17b. Unitemized	265.70	
17c. Add lines 17a and 17b in both columns	1228.01	1947.83
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	1228.01	
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		
	SUBTOTAL	
	TOTAL	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION
FULL MAILING ADDRESS
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION
OR OTHER RECEIPT

COLUMN A
AMOUNT THIS
PERIOD

COLUMN B
CUMULATIVE
YEAR-TO-DATE

DATE RECEIVED
RECEIVED BY

1. JOHN ATERO 1911 E. 161 st ST CARMEL, IN. 46033 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	25.00	25.0	5-20-03 RON WILKE
2. TERRY MYERS ZIONSVILLE, IN 46077 Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) HATS + BANNERS Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	265.70	265.70	5-1-03 RON WILKE
3. SHELDON + SUZANNE PHELPS 4773 AUSTIN TRACE ZIONSVILLE, IN. 46077 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	9-24-03 RON WILKE
4. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 540.70		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2)

CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. PRESTIGE INTERIORS 705 E. MAIN ST WESTFORD, IN. 46074	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00		9-18-03 RON WILKE
2. FLYNN + ZINKAN REALTY CO. 5332 N. TEMPLE AVE INDOPLS, IN. 46220	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	550.00	9-19-03 RON WILKE
3. LAUTH PROPERTY GROUP 9777 N. COLLEGE AVE CARMEL, IN. 46032	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00		9-22-03 RON WILKE
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$1000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <i>none</i>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. none	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <i>none</i>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3. <i>t. t.</i>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ <u>0</u>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ <u>1540.70</u>		



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> BOLD IMPRESSIONS 839 CONNER ST NOBLESVILLE, IN 46060	—	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: ADVERTISING	41.80	712.78	4-30-03
Code <u>A</u> BOLD IMPRESSIONS 839 CONNER ST NOBLESVILLE, IN 46060	BOB SMITH COUNCIL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DONATION ADVERTISING	41.80	754.58	4-30-03
Code <u>F</u> BELLACINO'S SR 32 W WESTFIELD, IN 46074		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: FUNDRAISING	100.00	100.00	5-6-03
Code <u>A</u> BOLD IMPRESSIONS 839 CONNER ST NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: ADVERTISING	614.61	1369.19	10-13-03
Code <u>O</u> BANK ONE, NA INDPLS, IN 46277		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CHECKS	24.30	24.30	10-13-03
Code <u>F</u> WESTFIELD WOMEN CHAMBER OF COMMERCE 322 E MAIN ST WESTFIELD IN 46074		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: FUNDRAISING	40.00	86.00	10-15-03
Code <u>A</u> WESTFIELD WOMEN CHAMBER OF COMMERCE 322 E MAIN ST WESTFIELD IN 46074		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: ADVERTISING	535.00	621.00	4-21-03

SUB TOTAL THIS PAGE OF SCHEDULE B

\$ 1397.51

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$

1397.51



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Indiana Election Commission (IC 3-9-5-14)

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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> <u>421</u> PRINTING CARTER IN 46033		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: ADVERTISING	639.16	639.16	4-21-03
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code <u>1</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 639.16		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 2036.67		



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State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

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PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
<i>work</i>	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
SUB TOTAL THIS PAGE OF SCHEDULE C			\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ <i>0</i>		



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(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
<i>none</i> LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
SUB TOTAL THIS PAGE OF SCHEDULE D					\$ <i>4</i>
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ <i>4</i>

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

Page 14 of 14

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

Borrower's Name and Mailing Address (Street, number, city, state, ZIP code)	Co-signer's Name and Mailing Address (if any) (Street, number, city state, ZIP code)	Original Amount	Date Debt Incurred	Cumulative Paid Year-to-Date	Outstanding Balance This Period
		Nature of Debt			
None					
SUB TOTAL THIS PAGE OF SCHEDULE E					\$ 0
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					\$ 0